# PASSPORT To Health

**Provider Newsletter**

**Keeping Providers Informed** **Volume 1, Issue 3, Summer 2004**

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## Key Contacts

### PASSPORT To Health Provider Relations

For provider enrollment or disenrollment, change of ownership or address, increasing/decreasing client caseload, and claims questions:
(800) 624-3958 In State
(406) 442-1837
(406) 442-4402 Fax

Mail documentation to:
Provider Relations
PO Box 4936
Helena, MT 59604

### PASSPORT To Health Client Services

For enrolling or disenrolling clients or questions about the monthly caseload report or client services:
(800) 362-8312 Phone
(406) 442-2328 Fax

Mail documentation to:
PASSPORT Program
PO Box 254
Helena, MT 59624

Provider Information Website:
http://www.mtmedicaid.org

## PASSPORT Adds Team Care Program

On August 1, 2004, Montana Medicaid officially launched Team Care, a new component of PASSPORT. Designed as an education and utilization control program, Team Care (TC) targets clients identified as over utilizing or abusing the Medicaid system. The program intensively educates clients on the proper use of healthcare services, and involves a "team" approach consisting of Montana Medicaid, Nurse First, a single pharmacy and the primary care provider (PCP) working together to affect positive client behavioral changes.

The Department began enrolling clients into TC in August, 2004. TC clients must enroll in PASSPORT, select a PASSPORT primary care provider, a single pharmacy, and call the Nurse First line prior to accessing Medicaid health services, including visits to their PCP (except in emergent care situations). These clients receive extensive outreach and education from Nurse First nurses and are instructed on the proper use of Montana's healthcare system.

The initial step of the program identified nearly 300 clients for enrollment through analysis of claims history. Future identification processes include targeting pharmacy abuse via the Drug Utilization Review (DUR) Board, and direct referrals from providers in the community. After an initial 6-12 month analysis of the program, enrollment may be increased.

***Provider Validation*** – The State recognizes the limits of identifying clients through claims data analysis and has asked for provider expertise in "validating" clients for program enrollment. Letters have been sent to respective PCPs asking them to review their identified client's medical history. For clients found to be using services appropriately, PCPs are asked to FAX or phone DPHHS to disenroll them from the program – a simple FAX form has been provided. Identified clients that providers do not specifically exclude are automatically enrolled in the program, though providers may request disenrollment at any time.

***How it works*** – TC is a component of PASSPORT; therefore the same rules and guidelines governing PASSPORT (i.e. referrals, enrollment/disenrollment, payment methodologies, etc.) apply to TC. However, an intrinsic difference is the requirement for TC clients to call the Nurse First Advice Line prior to accessing care, even care from their PCP. When a client calls Nurse First, a registered nurse uses clinically based algorithms to provide the client with a care recommendation. A fax will then be generated and sent to the PCP. This fax will inform the PCP that the client has called, and provide the client's symptoms and the nurse's care recommendation. The providers

can then use the faxed information as a tool. PCPs will be asked to reinforce the requirement that clients must call the Nurse First Advice Line, and to discourage them from seeking care if the nurse did not recommend it. Our goal is for Nurse First to be a resource to providers for clients who may be more demanding.

Nurse First will remain the initial point of contact for TC clients, and will provide both written and telephonic education to instill appropriate client behaviors. Though Nurse First will administer the majority of the case management, the Department fully recognizes the additional contributions of the PCP. PASSPORT providers will therefore receive an enhanced monthly capitation rate of $6.00 for each enrolled TC client, an amount twice the current management fee.

Additional information on TC can be found in the June and July issues of the ***Claim Jumper***, at www.mtmedicaid.org, and in additional mailings to providers. Providers with enrolled TC clients will receive additional outreach materials. If you have any questions or concerns, please contact Tedd Weldon at (406) 444-1518 or e-mail at teweldon@state.mt.us.

## Quarterly Change of PASSPORT Numbers

In our last newsletter, we reported that PASSPORT referral numbers will be changing quarterly beginning this summer. Although the exact date of implementation has not been determined, we expect it to start no sooner than summer 2005. Providers will receive more information as it becomes available.

Again, this change is being implemented to assure that the medical home for our clients is being secured and that your PASSPORT referral numbers are not being used without your permission.

Watch upcoming PASSPORT and Claim Jumper newsletters for more information. Questions or concerns can be directed to Niki Scoffield at 444-4148 or Crystal Nachtsheim at 457-9564.

## Provider Fair 2004 PASSPORT To Health Questions and Answers

The 2004 Provider Fair was a big success with over 200 participants. Roughly 70 participants attended the PASSPORT To Health presentation. For those who could not attend this event, we are providing a list of questions and answers that were discussed during the PASSPORT presentation.

### Referrals for travelling PCPs who see their clients in other locations

**Q:** We have a doctor who travels to our clinic to provide services in our community. This doctor is a PASSPORT provider in the community he is traveling from, and the clients he sees in his community travel to our clinic to see this provider. Do we need to get a referral for the services he provides to his PASSPORT clients in our clinic?

**A:** It depends. If the provider's Medicaid number and tax ID number are the same for both clinics, you do not need to bill with the referral number. However, if the provider's Medicaid number and tax ID number are different for the two clinics, you must obtain the referral number to bill Medicaid.

### Unable to obtain a referral during the PCP's established office hours

**Q:** We called a PCP during normal business hours to get a referral and the office was closed. How do we provide services for that PCP's clients?

**A:** Providers must be available for, or make arrangements for, referrals during their established business hours, which are determined by the PCP. If you call during those established hours and the office is closed, you should call Provider Relations to report this. If the client requires immediate attention, Provider Relations can help you contact the appropriate person at the Department.

If the client does not require immediate attention, you can tell the client that he/she must seek care from his/her PCP. If you choose to see the client, we recommend you make a private pay agreement with the client prior to providing services. It is important to remember that this private pay agreement must be made prior to providing services, must be specific to the date, and it must say, "You are responsible for the bill."

### Disenrolling clients

**Q:** Should the PCP remove a client from his/her caseload if he/she has not seen the client for a period of time?

**A:** It is the PCP's responsibility to manage the care of his/her clients and to establish a medical home. It would not be appropriate to disenroll a client only because he/she has not been seen in your office for a period of time. Providers may disenroll clients for the following reasons:

- The provider-patient relationship is mutually unacceptable
- The client fails to follow prescribed treatment
- The client is abusive
- The client could be better treated by a different type of provider, and a referral process is not feasible

For example, if you are consistently authorizing a client to see another

provider, you may want to consider disenrolling the client so that he/she may enroll with the other provider.

### Didn't know client had Medicaid

**Q:** If we provide a service to a client who does not indicate that they are on Medicaid or in the PASSPORT Program, can we go back after the fact and make them pay for the rendered service?

**A:** Yes. If you did not know the client had Medicaid then you did not accept the client as a Medicaid client, and you may bill the client directly. However, once it is determined that the client was covered by Medicaid on that date of service, you can decide to either accept him/her as Medicaid or continue as private pay. Once you bill Medicaid, you have accepted the client as a Medicaid client and cannot bill the client, even if the claim is denied.

### Client name on PCP enrollee list

**Q:** How long does it take for a client's name to show up on a PCP's enrollee list when a client chooses that PCP as his or her new provider?

**A:** The cut off date for new assignments/ choice is six business days before the end of the month. If the client gets his/ her request in prior to that date, then his/her name will be on the providers client list the next month. If they get it in after the cutoff day, it will not be on the list until the month following the upcoming month.

### PCP out of office

**Q:** What do you do when only one person in the office can give PASSPORT approvals, and they are out of the office?

**A:** Most referrals do not need an immediate response and can wait until the PCP is available. When the PCP is out of the office, he or she must have suitable coverage for needed services, consultation and approval of referrals during their established hours. Suitable coverage may consist of an answering service, call forwarding, provider on-call coverage or access to an authorized individual who can render a clinical decision (physician, mid-level practitioner or registered nurse). Non-medical office staff can only communicate the referral approval or denial. Please refer situations like this to Provider Relations.

### Non-PCP referral

**Q:** Can a non-PCP refer a PASSPORT client to another provider for necessary services?

**A:** No, unless the services do not require PCP approval (for example, family planning and pregnancy services). If a client is referred to you by the PCP, you cannot refer the client to another specialist; this referral must come from the PCP.

### Verbal or written referrals

**Q:** When receiving a referral, does it need to be received in writing?

**A:** Referrals can be verbal or written. It is recommended that you document verbal referrals in the client's file. Items to document may include referral date/time, guidelines (e.g., duration of illness or number of visits), and diagnosis under treatment. Referring PCPs must also document the referral in the client's file or a referral log.

### Provider/client disenrollment notification

**Q:** What type of notification needs to occur when a provider is disenrolling a client or withdrawing from the practice?

**A:** When a provider is disenrolling a client from his or her practice, the provider must notify the client in writing 30 days prior to the effective date. A copy of this letter must be mailed or faxed to the PASSPORT Program, Client Services (see *Key Contacts*). When withdrawing from a practice or the PASSPORT Program, written notification must be mailed or faxed to Provider Relations (see *Key Contacts*) 30 days prior to the effective date. In either case, the provider must either see the client or refer him or her to another provider during this 30-day period.

Please remember that when disenrolling a client or withdrawing from the PASSPORT Program, it is important to give the clients plenty of notification so that they can choose a new PASSPORT provider.

### Services provided during a 30-day disenrollment period

**Q:** When a provider is disenrolling a client from his or her practice, does that PCP need to see that client for only emergency situations during the 30-day time period?

**A:** During the 30-day period, the PCP must continue to treat or refer the client for all medically necessary services. This is no different than treating clients who are not being removed from your client caseload.

### Non-emergencies in Emergency Department

**Q:** If a client is examined in the emergency room and it is determined to be non-emergent, how do you get a referral for that time period the client was examined?

**A:** Non-emergencies in the emergency department will not be reimbursed, even with the PCP's referral, except for the screening and evaluation fee and any appropriate imaging and diagnostic services that are part of the screening. Clients without an emergency medical condition should be either offered the opportunity to continue with treatment in the ER at their own expense or should be told to contact their PCP.

## West Nile Virus Diagnosing and Reporting

The Montana Public Health Laboratory (MTPHL) can test for the West Nile Virus (WNV) infection in your patients. Providers can send patient specimens to the MTPHL. They offer an IgM test as the primary screen for the WNV, unless date of onset suggests that an IgG should be performed (date of onset greater than 6 months). There is a $15.00 charge per specimen for either the IgM assay or the IgG assay. Details for submitting a specimen to the MTPHL are as follows:

- Submit at least 2mL of serum for either the IgM or the IgG assay, or 1mL of CSF (cerebrospinal fluid) for the IgM assay
- If active disease is suspected, negative results on specimens drawn less than nine days from date of onset should have a convalescent serum specimen drawn and tested for the IgM assay
- Date of onset must be written on the request form
- Include the patient's city or county of residence
- Specimens for either assay can be transported at ambient temperature

The MTPHL performs WNV testing once per week, but during seasonal outbreaks may test daily (workload permitting). All positive results will be phoned to the submitter and negative results will be mailed each working day. Borderline results will automatically be retested with the St. Louis Encephalitis IgM Serology test, for an additional charge of $15.00. Questions regarding the above test can be directed to the MTPHL at 1-800-831-7284.

All confirmed cases of WNV must be reported to the local county health department. Each county health department will have a form, or reporting card, for the provider to fill out and submit. The contents of each report must include the following items:

- Name and age of the case
- Date of the onset of the disease and date reported
- Whether the case is confirmed or suspected
- Name and address of the physician who can provide additional information if required

### WNV facts

- Birds are the primary WNV host; those in the Corvid family (crows, ravens, magpies and jays) are the most common carriers in Montana.
- In Montana, most human cases occur between July – September.
- In 2004, WNV is expected to cross the divide into western Montana.
- Outbreaks in eastern Montana are expected to strike earlier and be more severe.
- About 80% of those infected notice no symptoms and develop immunity.
- Incubation ranges from 3-14 days, with symptoms lasting 3-6 days.
- Primary symptom is sudden onset of fever accompanied by fatigue, head and body aches, nausea and vomiting, and change in mental status.
- About 1 in 150 infections results in severe neurological disease (encephalitis, meningitis).
- 1 case out of 1,000 is fatal.
- No cure or FDA-approved treatments is available.
- A human vaccine is under development, and clinical trials are under way.

***According to the Helena Independent Record, August 5, 2004, state lab workers have recently identified West Nile in two batches of mosquitoes in Custer County.***

### WNV resources

For a complete list of all local county health departments, please refer to this web site: http://www.dphhs.state.mt.us/hpsd/pubheal/disease/commdis/ho.htm#top

For more information on WNV, visit the following websites:

- U.S. Centers for Disease Control and Prevention:
  **www.cdc.gov/ncidod/dvbid/westnile/index.htm**
- American Academy of Pediatrics Committee on Environmental Health
  **www.aap.org/healthtopics/environmentalhealth.cfm**
- State of Montana Department of Public Health and Human Services
  **www.dphhs.state.mt.us**

### 2003 West Nile Virus Activity in the United States
### (These figures represent cases reported to CDC as of May, 2004)

| State | Neuroinvasive Disease | Fever | Unspecified | Human Cases | Deaths |
|---|---|---|---|---|---|
| Montana | 75 | 135 | 12 | 222 | 4 |
| North Dakota | 94 | 523 | 0 | 617 | 5 |
| South Dakota | 151 | 869 | 19 | 1039 | 14 |
| Wyoming | 92 | 210 | 73 | 375 | 9 |
| Idaho | 0 | 1 | 0 | 1 | 0 |